

UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA (Rev. 03/2018)	TRANSCRIPT ORDER <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> Please read instructions on next page.					COURT USE ONLY NOTES:							
1a. CONTACT PERSON FOR THIS ORDER Dan Schiller		2a. CONTACT PHONE NUMBER 612-664-5661		3. CONTACT EMAIL ADDRESS daniel.schiller@usdoj.gov									
1b. ATTORNEY NAME (if different) Bates, Samantha		2b. ATTORNEY PHONE NUMBER 612-664-5600		3. ATTORNEY EMAIL ADDRESS samantha.bates@usdoj.gov									
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) 300 S 4th Street, Ste 600 Minneapolis, MN 55415			5. CASE NAME (Include defendant number, for criminal cases only) US v Branch			6. CASE NUMBER 22-178							
7. COURT REPORTER NAME, if applicable			8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY): <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL			CJA: Do not use this form; use AUTH24 in CJA. <input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> Standing Order (MDL only)							
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:													
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) NOTE: ECF access is included.			c. DELIVERY TYPE Delivery times are not guaranteed.							
DATE	JUDGE (initials)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)
8/22/22	brt	detention hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:													
L0170 - orig													
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).													
11. SIGNATURE	 Digitally signed by DANIEL SCHILLER Date: 2022.09.09 12:04:37 -05'00'									12. DATE			
										Sep 9, 2022			